### **Table of Contents**

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-13-044

This file contains the following documents in the order listed:

1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

**TN:** CO-13-044 **Approval Date:** 08/20/2014 **Effective Date** 07/01/2014

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1600 Broadway, Suite 700 Denver, CO 80202-4967



### Region VIII

August 20, 2014

Susan E. Birch, MBA, BSN, RN, Executive Director Department of Health Care Policy & Financing 1570 Grant Street Denver, CO 80203-1818

RE: Colorado #13-044

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-044. This amendment adds Licensed Freestanding Birth Centers and corresponding reimbursements section to the State Plan.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, Colorado should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

This amendment would affect expenditures reported on Line 42-Free Standing Birthing Centers.

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

Mary Marchioni
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Suzanne Brennan
Pat Connally
Barb Prehmus
John Bartholomew
Max Salazar

FORM CMS-179 (07/92)

DENTEROT OR WEDIONICE & WEDIONID GERMINES	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	13-044	COLORADO	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2014		
5. TYPE OF PLAN MATERIAL (Check One):			
X NEW STATE PLAN AMENDMENT TO BE CONSI	DERED AS A NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate transmittal for eac	h amendment)	
6. FEDERAL STATUTE/REGULATION CITATION Sec. 2301 of the Patient Protection and Affordable Care Act	7. FEDERAL BUDGET IMPACT a. FFY 2013-14: \$3,550.71 b. FFY 2014-15: \$14,202.83		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE S SECTION OR ATTACHME		
Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, Item 28 Free Standing Birth Center Services	• New		
Attachment 3.1-A Item 28 Licensed or Otherwise     State-Approved Freestanding Birth Centers			
10. SUBJECT OF AMENDMENT Adds Licensed Freestanding Birth Centers and correspond July 1, 2014.	ding reimbursements section to	the State Plan, effective	
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED		
	Governor's letter dated 0	1 September 2011	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	u l		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA 12. SIGNATURE OF STATE AGENCY OFFICIAL	AL 16. RETURN TO		
12. SIGNATURE OF STATE AGENCY OF TOTAL	io. Reform to		
	Colorado Department of Health Co	are Policy and Financing	
13. TYPED NAME	Colorado Department of Health Care Policy and Financing 1570 Grant Street		
Suzanne Brennan	Denver, CO 80203-1818		
Suzanne Diennan	Attn: Barbara Prehmus		
14. TITLE			
Director, Medical & CHP+ Program Administration Office			
15. DATE SUBMITTED  December 6, 2013			
	THE HOE ONLY		
17. DATE RECEIVED	10 DATE ADDROVED	VIA A	
12/06/13	08/20	//14	
PLAN APPROVED - OF	NE COPY ATTACHED  20. SIGNATURE OF REGIONAL O	FFICIAL	
19. EFFECTIVE DATE OF APPROVED MATERIAL  07/01/14	/s/	<del></del>	
	22. TITLE		
21. TYPED NAME  Mary Marchioni	Acting ARA, DMC	НО	
23. REMARKS			
FORM CMS-179 (07/92) Instruct	tions on Back		

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

#### STATE OF COLORADO

Attachment 4.19-B

# METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

#### 28. FREE STANDING BIRTH CENTER SERVICES

Freestanding birth center facility services shall be reimbursed at the lower of the following:

- 1. Submitted charges or
- 2. 75 percent of the average payments to inpatient hospitals for uncomplicated vaginal deliveries.

Freestanding birth center transfer payments shall be reimbursed at the lower of the following:

- 1. Submitted charges or
- 2. 50 percent of the freestanding birth center's facility payment.

Professional services at freestanding birth centers are reimbursed separately under Physician Services and all eligible providers including certified nurse midwives, are reimbursed at 100 percent of the physician fee schedule rate for the service rendered. This may include but is not limited to labor and delivery, evaluation provided prior to transfer to a hospital and newborn care.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The reimbursement rates were set as of July 1, 2014 and are effective for services provided on or after that date. All rates can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

#### Eligible Providers and Licensing

Clinical care must be provided by certified nurse midwives and/or physicians. Both must hold current licenses with the Department of Regulatory Agencies' Division of Professions and Occupations.

Certified nurse midwives are licensed as Advanced Practice Nurses – Certified Nurse Midwife. Physicians must hold current licenses as Medical Doctors (MDs).

Freestanding birth centers must be licensed by the Department of Public Health and Environment's Health Facilities Division.

TN No.	13-044		Approval Date	8/20/14
Supersedes TN No	NEW	Ī	Effective Date	July 1, 2014

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

#### STATE OF COLORADO

Supplement to Attachment 3.1-A

#### **LIMITATIONS TO CARE AND SERVICES**

28. (i)	Licensed or 0	Otherwise State- <i>A</i>	Approved I	Freestanding Bi	irth Centers
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X Provided: X No limitations With limitations None licensed or approved

## 28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

X Provided: No limitations X With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

### Please check all that apply:

- X (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). \*
- (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*
- \*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services

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